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FEC FORM 3X

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FE7AN014

REPORT OF RECEIPTS

For Other Than An Authorized Committee

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2014 DEC -3 AM 10: 30

				Use Qnly OCHITCO
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	TIAL OCITIES
HTSPANIC	VOTE POLI	ITICAL ACITIU	DIN CAMMI	Hiele
<u> </u>				
ADDRESS (number and street) 2388 ChAMPLain STREET NW				
▼ Charliffen Viol.				
Check if differenthan previously reported. (ACC)	Was Him GIT	TaiN	DC 120	0,0,91-18,6,93
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY ▲	STATE ▲	ZIP CODE A
C0050	3 8 0 2	REPORT (N) O	R AMENDE (A)	:D
4. TYPE OF REPOR	Report	Feb 20 (M2) May 20 (I	M5) · Aug 20 (M	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports	Due On:	Mar 20 (M3) Jun 20 (N	M6) Sep 20 (M	9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4) Jul 20 (M	7) Oct 20 (M	
Quarterly Re	eport (Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Re	eport (Q2) PRE-Election Report for the		Special (12S)	_
October 15 Quarterly Re	eport (Q3)			
January 31 Year-End Re	eport (YE)	ection on		in the State of
July 31 Mid- Report (Non Year Only) (-election (d) 30-Day	(2.2.7)	Runoff (30R)	Special (30S)
Termination (TER)	Report	ection on	2014	in the State of
5. Covering Period D2 D2 through T7 24 2014				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer DONIS J. BARCIA				
Signature of Treasurer Date 72 03 20.14				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.				
Office Use			FI	EC FORM 3X Rev. 12/2004